PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/812,106

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHE	R THAN
l-	224 01 4114		(Column 1)		(Column 2)		TYPE -		OF		ENTITY	
Ľ	OTAL CLAIM	93					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUM	NUMBER EXTRA		BASIC FE	E 385.00	OR	BASIC FE	770.00
TOTAL CHARGEABLE CLAIMS			75 minus 20=		• /	. 73		XS 9=		OR	XS18=	1314
INDEPENDENT CLAIMS			// minus 3 =			8'		X43=		OR	X86=	688
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	1.	OR	+290=	
* If the difference in column 1 is less than zero, ente					"0" in (column 2		TOTAL		OR	TOTAL	2772
CLAIMS AS AMENDED - PART II											OTHER	THAN
	,	(Column 1)	•	(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 31	Minus	- 9	3	- 0		X\$ 9=		OR	X\$18=	\angle
	Independent	• 3 ENTATION OF M	Minus	DENDENT	(.	-		X43=		OR	X86=	
	[rino i Prico	INTARON OF M	OCTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	
								TOTAL		OP	TOTAL	
(Column 1) (Column 2) (Column 3)											ADDIT, FEE	
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г		ADDI-	1 1		ADDI-
	-	AFTER AMENDMENT		PAID F	JSLY	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL
	Total	•	Minus	**	•			X\$ 9=		OR	X\$18=	
	Independent	•	Minus			.	T	X43= ·	·	OR	X86=	·
_	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT C	CLAIM		T	+145=			+290=	
										OR.	TOTAL	
ADDIT, FEE										<u>.</u>		
7	\	(Column 1) CLAIMS		(Column HIGHES		(Column 3)	_			_		·
MEN	·	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	Г	X\$ 9=		OR	X\$18=	
	Independent		Minus	erere .		=	H	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL ADDIT SEE										OR	+290=	
!! !!	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai ber Previously Paid	d For in THIS d For in THIS	SPACE is le	ss than	20, enter "20."		DIT. FEE	·		TOTAL DOR. FEE	
										• • •	·	